

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06/25/02.

I. DISPUTE

Whether there should be additional reimbursement for Ambulatory Surgical Center care for the date of service 06/28/01.

II. RATIONALE

The requestor submitted an EOB with the denial code of “M-No MAR/ASC reimbursement is based on fees established to be fair and reasonable in your geographical area. N-Not appropriately documented/Texas required bill identification. F-Fee guideline/Technical Component. G-Unbundling/Reimbursement based on or included in the basic allowance of the appropriate procedure.” Ambulatory Surgical Center care is not covered by the *Medical Fee Guideline* and shall be reimbursed at a fair and reasonable rate.

Rule 133.307(g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The requestor billed \$2,330.18 for the Ambulatory Surgical Center care; the respondent reimbursed \$580.42 leaving a balance of \$1,749.76. The Requestor did not submit documentation to show their charges were for fair and reasonable and did not prove the respondent's rate of reimbursement was not fair and reasonable.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for Ambulatory Surgical care.

The above Decision is hereby issued this 23rd day of September 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb